

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Docket No. _____
ICC Office Use Only

800 Response Information Services LLC

Application for a certificate of
interexchange authority to operate as
a reseller of telecommunications
services in the State of Illinois

05-0234

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 20-2097978

800 Response Information Services LLC

Address: Street **200 Church Street**

City **Burlington** State/Zip **VT 05401**

2. Authority Requested: (Mark all that apply)

_____ 13-403 Facilities Based Interexchange

X 13-404 Resale of Local and/or Interexchange

_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for **interexchange service authority** under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local Exchange
Telecommunications Carriers in the State of Illinois

X Section 735.180 Directories

CHIEF OF DIVISION SERVICE

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ILLINOIS
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4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

Not applicable. Applicant does not provide local services.

5. In what area of the state does the Applicant propose to provide service?

The entire state of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

See Attachment A.

7. Please check type of organization?

☐ Individual
☐ Partnership

☐ Corporation
Date corporation was formed
In what state?

☒ Other (Specify) : **Limited Liability Company**

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Attachment B

9. List jurisdictions in which Applicant is offering service(s).

Applicant will offer services throughout the continental US starting in the second quarter of 2005

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

_____ YES (Please provide details) X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

_____ YES X NO

If YES, describe fully.

12. Has Applicant provided service under any other name?

_____ YES X NO

If YES, please list.

13. Will the Applicant keep its books and records in Illinois? _____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The principle place of Applicant's business operations is in Burlington, Vermont. Should Applicant be required to keep its books and records within the State of Illinois, a significant hardship would be imposed on Applicant, resulting in a diversion of financial resources that otherwise could be utilized to increase network efficiency and serve offerings that would directly benefit customers. Moreover, no public benefit would balance this private hardship, as Applicant will readily provide any necessary information to the Commission on request. Therefore, Applicant requests that pursuant to 83 Ill. Adm. Code Part 250, the Commission allow Applicant to continue to maintain its books and records in Burlington, Vermont.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachment C

15. List officers of Applicant.

**Mitchell Knisbacher
President**

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will mail monthly invoices to customers. The invoices will itemize charges for interexchange services, state and federal taxes, and other fees.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers may reach the customer service department by calling 1-800-639-1650. In addition, customers may contact Applicant in writing at 200 Church St.; PO Box 1049; Burlington, VT 05402. If the complaint is not resolved to the customer's satisfaction within the company, customer may contact the Illinois Commerce Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 639-1650 or (802) 860-0378

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

This will not be an issue because applicant will only offer inbound toll-free services. Applicant will not offer or provide outbound interexchange or local services.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

Not applicable (no local exchange services offered or provided).

☐ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment D.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Applicant's only facilities will be a switch in an MCI co-location facility in Billerica, Massachusetts. Other than the switch, Applicant will be reselling MCI's interexchange services.

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

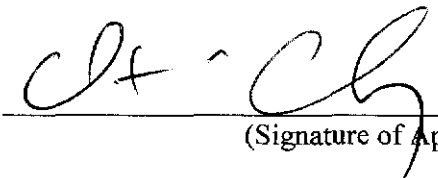
Applicant will provide inbound toll-free interexchange services, with enhanced services such as real-time call reporting on the Internet.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO *N/A*

Not applicable (no payphone services)


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Vermont

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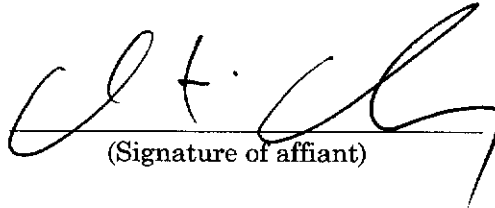
County of Chittenden

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Robert Cleary makes oath and says that he is the Director of Accounting
(Insert here the name of affiant) (Insert the official title of the affiant)

of 800 Response Information Services LLC
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Linda L. Yarrner
(Title of person authorized to administer oaths)

in the State and County above named, this 21st day of March, 2005

Linda L. Yarrner
(Signature of person authorized to administer oath)

